

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date: 04/24/2019

Document Number: 402019994

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 47120 Contact Person: Mike Holle
Company Name: KERR MCGEE OIL & GAS ONSHORE LP Phone: (720) 9296639
Address: P O BOX 173779 Email: mike.holle@anadarko.com
City: DENVER State: CO Zip: 80217-3779
Is the Operator a Tier One member of the Utility Notification Center of Colorado (UNCC) that participates in Colorado's One Call notification system? Yes [X] No []

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 464089 Location Type: Production Facilities
Name: ECKSTINE V-62N67W-TANK Number: 9NESE
County: WELD
Qtr Qtr: NESE Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.152650 Longitude: -104.888514

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464090 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.152651 Longitude: -104.888509 PDOP: 1.3 Measurement Date: 04/19/2018
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 333194 Location Type: Well Site [] No Location ID
Name: ECKSTINE V-62N67W Number: 9SESE
County: WELD
Qtr Qtr: SESE Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.147177 Longitude: -104.888513

Flowline Start Point Riser

Latitude: 40.147425 Longitude: -104.888272 PDOP: 1.3 Measurement Date: 04/19/2018
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 10/20/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

Date: 03/19/2019

Description of Abandonment

The Eckstine V 9-16 P&A is complete. The well head was cut and capped 3/1/2019. A section of flow line (1,444 Feet) was removed on 3/19/2019. The remaining section (455 Feet) was filled with cement and left in place with GPS located on each end per the land owner's request.

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 464091 Flowline Type: Wellhead Line Action Type: Abandonment

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.152650 Longitude: -104.888514 PDOP: 1.5 Measurement Date: 04/19/2018

Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311392 Location Type: Well Site No Location ID

Name: ECKSTINE V-62N67W Number: 9NWSE

County: WELD

Qtr Qtr: NWSE Section: 9 Township: 2N Range: 67W Meridian: 6

Latitude: 40.151478 Longitude: -104.892440

Flowline Start Point Riser

Latitude: 40.151468 Longitude: -104.892444 PDOP: 1.5 Measurement Date: 04/19/2018

Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: _____ Pipe Material: _____ Max Outer Diameter:(Inches) _____
Bedding Material: _____ Date Construction Completed: 10/26/1993
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OFF LOCATION FLOWLINE ABANDONMENT

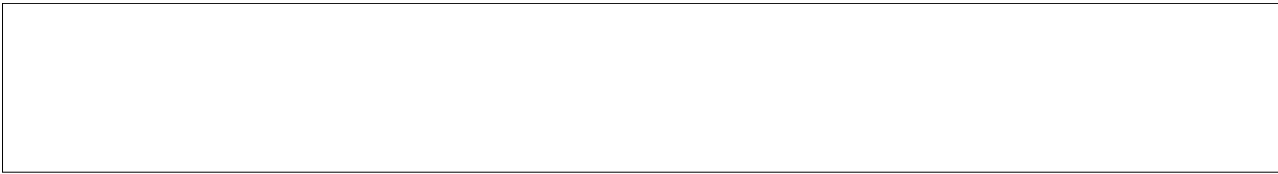
Date: 03/19/2019

Description of Abandonment

The Eckstine V 9-10 P&A is complete. The well head was cut and capped on 3/6/2019. The entire flow line (1,407 Feet) was removed on 3/19/2019. The entire tank battery was removed on 3/19/2019.

OPERATOR COMMENTS AND SUBMITTAL

Comments



I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 04/24/2019 Email: mike.holle@anadarko.com

Print Name: Mike Holle Title: SDA

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
402020002	FLOWLINE LAYOUT DRAWING

Total Attach: 1 Files